


## Achieving Better Care by Monitoring All Prescriptions (ABC-MAP)

Act 191 of 2014

ABC-MAP Board Meeting  
October 23, 2018



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### Agenda

- ▀ Old Business
  - ▀ Review/approve July 24, 2018, board meeting minutes
- ▀ New Business
  - ▀ Updates on initiatives
  - ▀ New grants
- ▀ Adjournment



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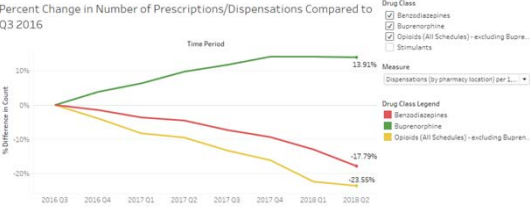
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### Data from PDMP

Percent Change in Number of Prescriptions/Dispensations Compared to Q3 2016




**Drug Class Legend:**

- Benzodiazepines
- Buprenorphine
- Oxycodone (All Schedules) - excluding Bupren.
- Stimulants

**Measure:** Dispensations (by pharmacy location) per 1,000

Note: Buprenorphine data in PDMP is submitted by pharmacies, where patients fill those prescriptions. This does not include any buprenorphine data from Medication Assisted Treatment (MAT) or Narcotic Treatment Programs (NTP).



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## Data from PDMP

Percent Change in Risky Prescribing Measures Compared to Q3 2016



This is a statewide measure of percent change in the number of individuals that were prescribed an average daily MME greater than 90 MME/day.



## Clinical Alerts

- Any active overlapping opioid and benzodiazepine prescriptions.
- Dosages that are greater than or equal to 90 MME/day.
- Patients seeing multiple providers for controlled substances from 3 or more prescribers and 3 or more pharmacists in a three-month period.
- These alerts are active as of October 23, 2018.

Sample alert screenshot

**Patient Report**

Report Prepared: 10/15/2018  
Date Range: 07/25/2018 - 07/25/2018

**BENZODIOPHOS**

**Alert: Patient Prescribing Potentially Dangerous Drug Combination**  
This patient has received overlapping prescriptions for both an opioid and a benzodiazepine. According to the CDC, concurrent benzodiazepine and opioid prescriptions should be avoided, given the high risk of adverse drug interactions, specifically respiratory depression and death.

**PATIENT THRESHOLD:**  
ATRAZOLAM 500 TABLET /  
DEPO-MEDROL TABLET



## Prescriber Education Initiative

Evidence-Based Prescribing: Tools You Can Use to Fight the Opioid Epidemic



- Online courses completed by 1,012 participants working in 52 PA counties and 30 states.
- On-site trainings in 19 PA counties with 1,583 participants to date.



## Prescriber Education Initiative

### Progress

- Continue to partner with 3 academic medical institutions that will provide face-to-face training using evidence-based prescribing modules until August 31, 2019.
  - University of Pennsylvania
  - Penn State University
  - University of Pittsburgh
- Face-to-face education will now be available statewide.
- Evaluation is in progress. This will include analysis of PDMP system data as well as pre- and post-education evaluation surveys to determine the effectiveness of this initiative.



## EHR and Pharmacy System Integration

### Progress

Status	Count	Approx. Count of providers / stores
*Application received	547	16,232
In Process	114	15,495
In Production	142	29,460
On hold	121	1,315
<b>Grand Total</b>	<b>924</b>	<b>62,502</b>

- Currently, 114 integrations are in process, and 7 of them are health systems:
  - Holy Redeemer
  - Main Line Health
  - Penn State Hershey Health System (tentative go-live Nov 1<sup>st</sup>)
  - Penn Highlands Healthcare
  - Temple University Health System
  - WellSpan Health
  - VA Stars & Stripes Healthcare Network (VHA)



\*Health care entities are completing the prerequisites for integration approval.

## EHR and Pharmacy System Integration

### Progress of integrations completed

Business type	Count of business type	Count of providers/stores
Private practice	97	1,291
Pharmacy	28	220
Health system	11	26,053
Independent hospital	7	3,270
<b>Grand Total</b>	<b>143</b>	<b>30,834</b>

#### Highlights:

- Guthrie Health System – 8/7/2018
- Geisinger – 8/10/2018
- UPMC-Pinnacle – 9/18/2018
- Lehigh Valley Health Network – 10/18/2018



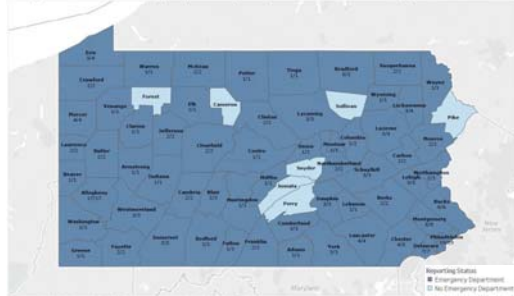
## Interactive Data Report

- Quarterly updates will be completed by Oct 31, 2018:
  - Controlled substances dispensation
    - At county level
    - By age-group
    - By gender
    - Q2 2018
  - Risky prescribing measures
    - At county level
    - Q2 2018
  - ED visits related to overdoses
    - Q3 2018
  - Hospitalizations related to overdoses
    - Year 2017



## Overdose Surveillance – ED

Pennsylvania Counties with Emergency Departments Reporting Overdose-Related Visits Through Syndromic Surveillance



Legend: Reporting Status

■ Emergency Department

□ No Emergency Department

Source: Pennsylvania Department of Health, based on data from the Pennsylvania Department of Health, Bureau of Emergency Medical Services (BEMS).

EpiCenter Alerts are generated.

167/173 EDs reporting de-identified data on overdose-related visits.

Data available on PDMP Interactive Data Report and Governor's Opioid Dashboard.



## Overdose Surveillance – EMS

- Working with CDC on case definitions.
- Bureau of Emergency Medical Services (BEMS) regularly reports this data to the Command Center.
- Data will be collected from January 2018 to present.



## Overdose Surveillance – Death Data



\* Partial participation indicates county is submitting toxicology data but no additional risk factor data.

Participation Status  
 ■ Full Participation  
 ■ Partial Participation  
 □ Not Currently Participating



## Overdose Surveillance – Death Data

- Overdose Death data
  - Collected 2017 data for 35 counties.
  - CDC has supplied the final analytic dataset.
  - Working on preparing the data to be presented on the Interactive Data Report and the Governor's Opioid Dashboard.
  - Action plan for coroners' on-boarding and rapid data collection is in development.
  - Hiring 3 additional abstractors to fast-track 2018 data collection and complete 2016 data collection.



## Patient Advocate Program

- Temple University Harrisburg (TUH) developed a strategic plan for the creation, implementation, and evaluation of a Pennsylvania Patient Advocate Program.
- This program would coordinate health care resources for patients who have abruptly lost access to their provider due to a variety of factors, such as illegal or irresponsible prescribing practices, retirement, or relocation.
- Next steps include review of this plan in the Department and then with various state agencies for input. Additionally, the PDMP Office will seek to secure funding for the program implementation.



## Additional Federal Grants

### Category 5: Harold Rogers Prescription Drug Monitoring Program (PDMP) Implementation and Enhancement Projects

- To enhance the current PDMP system with more robust reports, data quality and compliance, data sharing, and dissemination of Rx Awareness educational materials.
- Time period: October 2018 to September 2020
- Total of \$750,000

### Category 6: Public Safety, Behavioral Health, and Public Health Sharing Partnerships

- To collect accurate and timely overdose death data from PA Coroners and Medical Examiners by addressing the technical barriers, providing training and support in order to collect higher quality and more standardized data across PA.
- Time period: October 2018 to September 2021
- Total of \$1,000,000




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## Additional Federal Grants

### CDC Public Health Emergency Crisis Grant for Opioid Epidemic

- To enhance the current education, outreach, data collection, and surveillance efforts in PA
- Timeframe: October 2018 to September 2019
- Total of \$5.1 million, out of which PDMP-managed activities consist of \$2.4 million




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## Future Initiatives

### By end of Q4 2018

- Next steps for the Patient Advocate Program
- Kick-off education for first responders on naloxone best practices
- Prescriber reports




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**QUESTIONS?**



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